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Wednesday, 17 June 2009, 10 a.m.
New York

President: Mr. D'Escoto Brockmann ..... (Nicaragua)

In the absence of the President, Mr. Cujba (Republic of Moldova), Vice-President, took the Chair.

The meeting was called to order at 10.10 a.m.

Agenda item 41 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/63/812)

Notes by the Secretary-General (A/63/152 and Add.1)

Draft decision (A/63/L.73)

Mr. Fluss (Israel): Israel would like to thank the Secretary-General for the report on the progress made towards the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/63/812). Israel would also like to thank the Secretary-General for convening the High-level Forum two days ago on advancing global health in the face of crisis. It was an important opportunity for Member States to learn more about confronting current urgent health problems and to reaffirm our commitments to improving global public health, including with regard to HIV/AIDS.

In August of 2001, the General Assembly adopted the Declaration of Commitment on HIV/AIDS. This resolution was subsequently reaffirmed in the Political Declaration on HIV/AIDS in 2006. Since that time, there have been incredible efforts to address and mitigate the spread of this lethal virus.

But our goal — to achieve universal access to treatment for HIV/AIDS by next year — remains beyond our reach. This is alarming. HIV/AIDS continues to plague our youth. In 2007, a total of 5.5 million young people between the ages of 15 to 24 lived with HIV. What is most terrifying is that nearly half of that number, or 2,550,000 of those youths, are girls living in sub-Saharan Africa.

As we heard two days ago, Botswana is an exemplary model of how a national holistic approach, based on political recognition, political will and political decision, can confront terrible adversity and deliver inspiring results.

We must renew our commitments to halt and reverse the spread of HIV with unprecedented dedication and drive. In particular, our focus must be directed towards women and girls. Our efforts must be comprehensive and holistic. We believe that one important approach to thwarting the spread of HIV/AIDS is to utilize preventive education that is directed towards health professionals, teachers, community leaders and especially youth. Our endeavours must encompass cultural, social and medical approaches. Israel is fully committed to this effort.

MASHAV, Israel's international development agency, works on training and capacity-building with partner countries that are fighting against HIV/AIDS. Recently, MASHAV hosted participants from

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Cameroon, Nigeria, Côte d'Ivoire, Ethiopia and Kenya for a course entitled "Sexual health and AIDS prevention for adolescents". This course addressed a range of topics related to HIV in adolescents. The topics included subjects such as contraceptive use by adolescents, adolescent sexuality, interpersonal communication, gender stereotypes, sexual violence and abuse, and stigma and self-esteem.

Another example of MASHAV's programmes is its course on HIV clinical training in antiretroviral therapy for medical staff from Ethiopia. This course addresses issues pertaining to the cultural, social, psychological and medical aspects of HIV, with a focus on health professionals.

Local, national and international partnerships remain crucial. We can serve as a catalyst for positive achievements by sharing successful models and by communicating on prevention, training, capacity-building and direct care. Israel is dedicated to partnering with other countries, especially in sub-Saharan Africa, to mitigate and eventually eradicate HIV/AIDS. Israel is fortunate to have a low rate of HIV/AIDS, with approximately only 5,000 people living with HIV as of 2007. This is in part due to cultural trends, as well as to broad-based efforts and programmes that include education, widespread and free testing, and direct care. One such service is the Government-funded mother-and-child health clinics — known as *tipat chalav* in Hebrew — a community-based, proactive and preventive health care system that, among other services, ensures the prevention of mother-to-child transmission of HIV/AIDS.

HIV/AIDS is a pandemic that is devastating our youth. We must heed the words of the Declaration of Commitment on HIV/AIDS: "Leadership involves personal commitment and concrete actions" (*resolution 26/2, annex, para. 36*). Extensive and concrete measures taken by Governments and complemented by civil society, the private sector, academia and others can rapidly advance our efforts.

Let me conclude by expressing again the commitment of Israel to the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, and by reiterating our desire to partner with Member States to stay and eradicate HIV/AIDS.

Mr. Sergeyev (Ukraine): While we align ourselves fully with the statement of the European Union presidency, let me touch upon some issues of particular national interest to Ukraine.

At the outset, I would like to thank the Secretary-General for his informative report (A/63/812) submitted under agenda item 41. Ukraine also welcomes the report of the Joint Inspection Unit (A/63/152 and Add.1) on the review of the progress made by the United Nations system organizations in achieving Millennium Development Goal 6, Target 7, to combat HIV/AIDS, which provides us with a comprehensive and clear review of relevant United Nations plans and programmes on this high-priority issue.

We are grateful to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the organizations and agencies of the United Nations System, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and UNICEF, for their significant support and reliable partnership in overcoming the epidemic in Ukraine.

The twenty-sixth special session of the General Assembly, on HIV/AIDS, and the High-level Meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS were powerful global commitments and important landmarks in the achievement of agreed consensus on key goals to be pursued over the years in combating HIV/AIDS. Ukraine was among the countries that initiated that historic special session of the General Assembly. Since then, there have been significant achievements in response to the epidemic at the global, regional and national levels.

It is my pleasure to inform the Assembly that Ukraine has made major progress towards ensuring universal access to treatment to prevent the transmission of HIV from mother to child and raising awareness on HIV/AIDS prevention, especially among children and youth. We have also taken appropriate steps to increase access to drug-substitution therapy, heeding the evidence that such therapy helps to reduce HIV transmission among injecting drug users. These achievements have been reflected in the report of the Secretary-General.

Indeed, while the aforementioned progress cannot but inspire us, we recognize that many other steps have still to be taken. We in Ukraine are well aware of the

danger that HIV/AIDS represents and recognize the complexity and enormity of the tasks that lie ahead of us. The epidemic remains a challenge and thus a top priority for the activities of the President and Government of Ukraine. We are deeply concerned by the rate at which the epidemic is spreading. Aspiring to achieve tangible results in that regard, our national authorities are working tirelessly to translate international strategies and policies in this sphere into respective national programmes.

That task requires an increase in funding from the Government of Ukraine, as well as consistent support from our foreign partners. We express our sincere gratitude to the donor community and our international partners for their assistance in the preparation of our national response to the epidemic.

HIV/AIDS remains one of the gravest challenges of our time. Victory in this fight can be achieved only through intensive work all over the world. We urge the international community to strengthen its support for the most affected countries and to increase the financing of research to combat HIV/AIDS.

We believe that policies and strategies to achieve this goal should include specific, purposeful measures in such areas as prevention and universal access to treatment; care, support and access to affordable medicines for all those who are infected with the immunodeficiency virus; sharing successful experiences; developing a universal framework of national programmes on combating HIV/AIDS, including in the promotion of human rights, especially those of children and women; and cooperation with humanitarian personnel of the United Nations system and non-governmental organizations. We would like to stress the importance of close cooperation between the United Nations bodies, non-governmental organizations, civil society and Governments in order to tackle the epidemic in an effective and comprehensive manner.

The Government of my country is eager to contribute to effective national and international cooperation in this area. Ukraine wishes to reiterate once again its commitment to the full and effective implementation of the goals set out in the global agenda on HIV/AIDS. We are ready to cooperate closely at all levels in an area of such crucial importance to humankind.

Mr. Hernández-Milian (Costa Rica) (*spoke in Spanish*): We are at a decisive phase in the renewal of our commitments on HIV/AIDS in order to meet the great challenge of achieving the goals that we set in 2001 and, more recently, in 2006. We align ourselves with the views expressed by the representative of Mexico on behalf of the Rio Group and agree that, with one year to go to the deadline for achieving our goals, there is still much to be done.

The financial crisis has jeopardized the sustainability of the achievements of many countries. The link between underdevelopment and a high incidence of HIV/AIDS is a major obstacle to developing nations. There is a need for solidarity and joint action to achieve universal access to the prevention, treatment, care and support for people affected by HIV/AIDS, of which international cooperation remains an essential element.

Solidarity in this fight should not be withheld from countries that have achieved some positive indicators but still need access to international cooperation to make their achievements sustainable. That is the case with the Global Fund to fight AIDS, Tuberculosis and Malaria, which should give further attention to the needs of middle-income countries. In the case of Costa Rica, important achievements have been made in such areas as access to antiretroviral therapy, the prevention of mother-to-child transmission, testing and counselling, but we still need to make additional efforts if those achievements are to be sustainable. As the Secretary-General noted in his report, the HIV/AIDS epidemic poses a long-term global challenge requiring continued commitment to ensure the sustainability of an effective long-term response.

The Global Fund's criteria used in allocating resources for assistance are based on indicators, which, in the case of middle-income countries, must show a prevalence greater than 1 per cent of the total population or 5 per cent in the case of vulnerable groups. But the Global Fund was created to foster a radical change of focus in the fight against AIDS, tuberculosis and malaria and, given the socio-epidemiological characteristics of HIV/AIDS, no country should be left out of an inclusive and comprehensive response.

It is very clear that the HIV/AIDS pandemic is not only a public health problem. The need to protect human rights as part of the task is very clear. Not only must access to medical care be provided, but adequate levels of public assistance, socio-economic development

and quality of life must be guaranteed for people who live with the virus.

Discrimination, inequality and violence against women are factors that have had a significant impact on the increasing feminization of HIV/AIDS. Inadequate protection of vulnerable persons, such as sex workers, drug users, men who have sex with men, et cetera, is another one of the challenges we must face. There are also worrying levels of infection among adolescents and young adults, therefore prevention strategies need to be more focused on those populations.

Costa Rica stresses that efforts to strengthen laws and multisectoral strategies for social protection are vital to ensuring the care and welfare of those affected by the virus. Guaranteeing an equal quality of life for those affected by HIV/AIDS is also an important aspect of responding to the challenge of the pandemic.

Finally, as I said at the beginning, the fight against HIV/AIDS is a common task and a shared responsibility at all levels. The active involvement and collaboration of all sectors, including governments, social organizations, religious institutions, educational institutions and the private sector are key components within national strategies that are necessary in order to provide answers that are timely, effective and long-lasting.

Mr. Bart (Saint Kitts and Nevis): For Saint Kitts and Nevis, the issue of HIV/AIDS remains one of the most pressing challenges facing our countries. We continue to be plagued with a high HIV prevalence and its impact on the various sectors of our society is wide ranging. We have however, taken a very responsible approach in combating the scourge and remain engaged with the internationally agreed goals to deal with the pandemic. We celebrate the fact that over the past year there has been a decline in the overall rate of mortality from AIDS, that more people living with AIDS in the Caribbean have access to antiretroviral drugs, that there is an increasing awareness of the need to reduce stigma and discrimination and that more professionals are being trained in AIDS-related fields.

However, despite our best efforts, there are still circumstances beyond our control that hinder our commitment. AIDS remains the leading cause of death among persons aged 15-44 years, the rate of infection is increasing among women and among men who have sex with men, and the Caribbean has still the second highest rate of HIV prevalence in the world.

In June 2008, exactly one year ago, at its High-level Meeting on HIV/AIDS, the General Assembly conducted a self analysis on the epidemic and where we stood. We renewed our commitment to Millennium Development Goal (MDG) 6 to combat HIV/AIDS, malaria and other diseases, and we reaffirmed our commitment to move towards universal access to HIV prevention, treatment, care and support by 2010 and to achieve the goal of halting and beginning to reverse the spread of HIV/AIDS by 2015.

Since that last meeting in 2008, the international community, as we are all aware, has been beset by a financial and economic crisis that has had a near crippling impact on every corner of the globe. The United Nations has spent the last few months focused on addressing this financial crisis, as have the Bretton Woods institutions, international and regional organizations, and States, powerful and developing, alike.

In the midst of all this, it is necessary to maintain the same level of commitment that we exhibited one year ago to combating HIV/AIDS. Two days ago, on 15 June 2009, the Secretary-General, Mr. Ban Ki-moon, held a forum on advancing global health in the face of the crisis. During that forum, Dr. Margaret Chan, Director-General of the World Health Organization, suggested that the international community needs to maintain the momentum we had in advancing global health. Saint Kitts and Nevis endorses that suggestion.

My delegation believes firmly that, at this stage of the fight against HIV/AIDS, we must not lose focus or lessen our intensity. On the contrary, the international community must remain engaged and push forward with fulfilling its mandate to combat the disease.

Saint Kitts and Nevis commends the Secretary-General and the Director-General for the forum and commends the United Nations for convening this meeting today. I also wish to take this opportunity to commend the Joint United Nations Programme on HIV/AIDS for its continued leadership, especially in the movement toward universal access and generally for its guidance and direction, which has sustained global partnerships around agreed principles. It is our hope that those activities signal the final push to our

desired goals for 2010 and an increased commitment to achieving MDG 6 by 2015.

Within this financial crisis, Saint Kitts and Nevis calls on Member States to renew their commitment to official development aid. Without those funds and financing, all of the progress we have made in educating the public, treating the sick, providing infrastructure to treat the sick, developing relevant drugs and providing the appropriate local legislation, may be lost. We must not waver in our commitments to universal access to comprehensive prevention programmes, treatment, care and support. We must remain convinced now that overcoming the challenges of AIDS is an absolute imperative that must consume our every effort.

The report of the Joint Inspection Unit on the review of the progress made by the United Nations system organizations in achieving Millennium Development Goal 6, Target 7, to combat HIV/AIDS (A/63/152/Add.1), underscores the fact that the number of people living with the illness has grown. As a result of that increase, there is also a need for additional resources to deal with those changes. Despite the economic and financial crisis, we must not fail those we have been tasked to care for and to protect.

Saint Kitts and Nevis also endorses the role of the Department of Public Information in creating public awareness and we are committed to a harmonized international partnership with all of the stakeholders. We urge Member States to reaffirm their commitments for both 2010 and 2015, and to remain engaged in the process of combating HIV/AIDS because political leadership is critical to ensuring the long-term sustainability of programmes to achieve universal access and to reverse the spread of this epidemic.

Mr. Barbalić (Bosnia and Herzegovina): At the outset, I wish to thank the Secretary-General for his report contained in document A/63/812, entitled "Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS".

It is my honour today to address the Assembly on the very important topic of the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, to express the support of my country for the global efforts that have been made and to briefly inform the Assembly of the progress made in my country in combating HIV/AIDS.

Bosnia and Herzegovina aligns itself with the statement of the European Union, delivered by the representative of the Czech Republic. We welcome the significant and incomparable progress achieved in combating AIDS, with the United Nations as a leading force and hub of joint action. We also congratulate all actors who have contributed to the common effort and we believe that the results achieved would not be possible without cooperation and trust between national Governments and civil society.

The fight against the HIV/AIDS pandemic remains one of the greatest priorities of global society, which is why Governments and civil society must combine their efforts to strengthen health systems worldwide. As we are all aware, HIV infection poses a threat to human security and that is why early detection is imperative. Testing and antiretroviral treatment should be free and accessible to all. Also, health education should be provided by trained and qualified personnel.

Concern remains, however, in regard to the ongoing and even increasing problems facing the world today. In addition to all of the difficulties of previous years, the current financial and economic crisis places an additional burden on international efforts and efforts by national Governments and their country-specific targets.

Bosnia and Herzegovina is among those countries with low HIV/AIDS prevalence. The first AIDS case in Bosnia and Herzegovina was registered in 1986, and the first HIV-positive person was identified in 1989. Out of the total number of people with the disease, 90 per cent are male, the majority of whom are intravenous drug users; and so far there have been no reports of vertical mother-to-child transmission.

Due to the fact that Bosnia and Herzegovina falls within the category of low-level epidemic countries, there is an opportunity to establish monitoring and control over this difficult and lethal infection. The Council of Ministers of Bosnia and Herzegovina, with the technical cooperation of the Joint United Nations Programme on HIV/AIDS (UNAIDS), established the Bosnia and Herzegovina National Advisory Board for the fight against HIV/AIDS.

Also, in recent times, the non-governmental sector has undertaken major activities in implementing awareness campaigns and establishing cooperation between domestic and international non-governmental

organizations. Bosnia and Herzegovina also attaches the utmost importance to regional cooperation, and is supported by a number of international actors including UNAIDS, the United Nations Development Programme, UNICEF, the United Nations Population Fund, the World Health Organization, the United Nations Development Fund for Women, the International Labour Organization, and others. I wish to note that the third Balkan Regional Conference on HIV and AIDS, under the theme "HIV and gender: Creating an enabling environment", took place in my country last year.

Let me conclude by assuring the Assembly that Bosnia and Herzegovina is fully committed to the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, and to achieving the goals and targets set out in the Declarations.

We share the belief in that common success will result from achieving those commitments and from actions to support universal access to HIV prevention, treatment and support by 2010, and to attain the objectives of the Millennium Development Goals by 2015. Common success will be achieved through well-defined and implemented national strategies, increased financial support to efforts to combat HIV/AIDS, improved legislation worldwide and full commitment by all of the major stakeholders.

Mrs. Flood-Beaubrun (Saint Lucia): Saint Lucia welcomes this forum, convened to examine progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. Events such as this not only allow us to share and learn from the experiences of others, but also fuel our drive to redouble our efforts in fighting this terrible epidemic.

Saint Lucia is located in the Caribbean region, where prevalence rates are second only to those of sub-Saharan Africa. Saint Lucia's epidemic is significant, although not yet classified as generalized, as prevalence in the general population is not above 1 per cent. While Saint Lucia is a middle-income country, any increase in poverty will increase social and economic vulnerabilities, thus providing the environment for a growth in the epidemic. Given our limited financial resources, we remain acutely aware that our very survival depends on winning this battle. In this regard, we are committed to employing best practices that have been proven to work in our context.

As a people, we take great pride in our small island State and its vibrant traditions, culture, beliefs and practices. We believe that this cultural capital is a crucial element in the fight against HIV/AIDS and in our case has been instrumental in maintaining the relatively slow advance of the epidemic in our country. Our primary concern today is that Saint Lucia's now concentrated epidemic will cross over into the general population. We see several key actions as being crucial to preventing that crossover, which form the basis of our HIV/AIDS response and which we are now pleased to share with fellow Member States.

In keeping with a five-year strategic plan, Saint Lucia's efforts have been primarily concentrated on, first, encouraging delay in sexual debut; secondly, discouraging multiple concurrent sexual partnerships; thirdly, promoting the use of condoms — with the first two mentioned being the primary pillars upon which our response is based. We have also implemented a successful mother-to-child prevention of transmission treatment programme that provides treatment for HIV-positive expectant mothers.

We note the observation of the Joint United Nations Programme on HIV/AIDS that multiple concurrent partnerships are the primary driver of HIV/AIDS in the most affected countries. We intend to continue to support, through media and educational programmes in schools and in the wider community, the existing cultural value of committed loving relationships as an ideal, emphasizing our experience that casual sexual relations not only increase one's risk of contracting HIV/AIDS, but also tend towards the objectification of the human person. We will continue to work in close collaboration with youth leaders and with community and faith-based groups to give priority to encouraging delayed sexual debut among young people and mutual fidelity within a permanent commitment for older age groups. Peer education will be a major vehicle for these prevention-focused messages.

Those efforts will be coupled with education on HIV/AIDS in order to reduce stigma and encourage testing so that individuals can know their status and seek treatment. We believe that supporting people and their families and communities in promoting an accurate understanding of HIV/AIDS and healthy choices is one of the most important roles the Government of Saint Lucia can play. Furthermore, this approach actively engages the culture of Saint Lucia in

the process, which is critical for any programme's acceptance by the population and long-term success.

Another key action is to develop targeted solutions to the specific epidemic that exists in Saint Lucia. Although precise figures are not yet available for sex workers or for men who have sex with men, those groups are currently known to be at risk in the region. Significantly higher rates of HIV have been found in those population groups in other Caribbean countries with similar profiles. Fundamental to the person-centred approach is to avoid dealing with persons in those groups as potential vectors of disease and to address their acute needs.

The use of sexual services is a main risk factor for the spread of HIV/AIDS in the general population. Consistent with the person-centred approach, Saint Lucia seeks to answer the question of what this person needs to protect their health and achieve their human potential. It is our experience that the label "sex worker" limits our ability to see the whole person, who, in a majority of cases, has been trafficked, manipulated and sexually, physically and emotionally abused and is at risk for much more than HIV/AIDS. We feel that the current international response to legalize sex work and promote risk-reduction through condom distribution are inadequate and prioritize safer-sex over the well-being of the person.

Policies and programmes that target demand for sex workers are a key starting point. Such policies include criminalizing the purchase of sex, counselling for clients and pimps and severe penalties for sex traffickers and for third parties who use technology to facilitate the purchase of sex. We also intend to offer specialized treatment, care and support programmes for women, men and children used in the sex trade that address their unique needs. Those programmes will include a major educational component that will focus on the acquisition of job skills and opportunities to break the cycle of sexual exploitation, which is so difficult to escape.

In the case of the population of men who have sex with men, interventions must begin with the alleviation of the stigma and with the expansion of routine testing and counselling programmes. As a critical feature, intervention must offer social support and linkages to care and counselling related to partner disclosure and the health benefits of reduced partner concurrency. The health benefits of committed relationships, beyond the reduced risk for HIV/AIDS, must be emphasized in the context of the promotion of overall physical, emotional and sexual health.

We encourage all Member States, in particular those dealing with a concentrated epidemic, to join Saint Lucia in confronting, in a steadfast manner, the underlying societal forces that tend to promote poverty, malnutrition, susceptibility to chronic illness, conflict, unemployment, illiteracy, sexual exploitation, the sexual objectification of the person, drug abuse and every manifestation of disregard for human dignity.

At the centre of Saint Lucia's response to HIV/AIDS is the human person, in particular those at risk for, and affected by, the disease. We must constantly ask ourselves what the needs of persons at risk are and what steps can be taken to promote their integral human development and overall well-being.

It is the conviction of Saint Lucia that success in combating HIV/AIDS can only come from the solidarity of all actors in society in addressing the physical, emotional, intellectual and spiritual needs of all persons in society, thus creating the necessary conditions for overall health and well-being and for human flourishing. Saint Lucia is pleased to reaffirm its commitment to the goal of universal access to HIV prevention, treatment, care and support.

Mr. Hermida Castillo (Nicaragua) (*spoke in Spanish*): Our delegation would like to associate itself with the statement delivered by the representative of Mexico on behalf of the Rio Group.

Nicaragua joins this debate with the same concerns that many delegations have expressed today, at a time when a global economic and financial crisis is both jeopardizing the fight against AIDS and having an impact on the achievement of other goals, such as ensuring the right to development and gender equality and the empowerment of women, reducing child mortality and promoting maternal health. The social injustice and poverty unleashed by the neo-liberal economic model have sped up the expansion of this and many other illnesses. This situation, which is being exacerbated by the current global economic and financial crisis, poses a threat to the scarce resources available for fostering international cooperation to respond to the epidemic in our countries. We therefore once again call upon developed countries to honour their commitments with regard to official development assistance, so as to help our countries to implement

national plans and strategies, without preconditions that constrain our priorities.

The close linkage between sustainable development, health and education has been clearly established. It is therefore necessary that we adopt a multidisciplinary, multisectoral and inter-cultural approach that includes a gender- and human rights-based focus. In that regard, we have initiated a transformation process in Nicaragua by implementing our new care model for family and community health. That model is primarily centred on rural care, with such key stakeholders as community workers, health-care personnel and for-profit and not-for-profit institutions joining together in a single effort to ensure the genuine integration of care. That has resulted in increasing the involvement of stakeholders, with a view to ensuring that antiretroviral treatment is followed. It has also led to a significant reduction in the risk of infection among certain groups, the provision of comprehensive treatment for HIV/AIDS and other sexually transmitted diseases, including access to antiretroviral treatment, and the application of second-generation monitoring methodology. All of that is in addition to efforts to control tuberculosis, in connection with which the indicators have clearly improved.

With regard to the national institution charged with managing the national AIDS response, a monitoring and evaluation plan was adopted in 2009 to ensure the implementation of the Three Ones. Those include an action framework on HIV/AIDS for the period 2006 to 2010, a coordinating authority and the 2009 monitoring and evaluation system.

Efforts across various sectors have formed a crucial approach to increasing, expanding and implementing crosscutting responses to HIV/AIDS. To that end, the Ministry of Health has undertaken an operational transformation of the HIV/AIDS programme, which it has itself led. That process includes the holding of workshops, the development of governance mechanisms, beginning the process of reforming our Law No. 238, in consultation with civil society and Government institutions, and promoting participation at the various levels where decisions are taken with regard to national policies and strategies concerning the diverse sexual groups in our country.

Mr. Beck (Solomon Islands), Vice-President, took the Chair.

Another of our priorities has been to establish strategic alliances with international sources of assistance. The Government acknowledges the capacity of the public and private sectors, non-profit and voluntary organizations, local government authorities and communities and households to respond to HIV/AIDS. The Government is therefore endeavouring to seek harmonization and cooperation among nations and has received the support of friendly Governments, such as Brazil, the Bolivarian Republic of Venezuela, the Islamic Republic of Iran, Cuba and Mexico, as well as international agencies, such as the Joint United Nations Programme on HIV/AIDS, the United States Agency for International Development, the Pan American Health Organization, UNICEF and the United Nations Population Fund.

With regards to access to diagnosis and care for the population in general, and people with HIV/AIDS in particular, there has been improvement in access to rapid HIV/AIDS diagnosis. In 2003, we had only one diagnostic centre, the National Centre for Diagnosis and Reference. By the end of 2008, we had 143 diagnostic centres, equipped with the appropriate laboratory and skilled staff to carry out rapid diagnoses of HIV throughout Nicaragua.

All health clinics can now provide advice on HIV prevention, and we had 115,671 consultations of that kind in 2008. We have improved comprehensive care for people with HIV/AIDS. We have guaranteed and decentralized antiretroviral treatment for people living with HIV/AIDS. We have gone from 335 people living with AIDS in 2006 to 790 in 2009. Currently, 90 per cent of local comprehensive health care departments have the capacity and resources for care. We have also made progress in strengthening standards for care in health clinics by drawing up standards and protocols for the care, nutrition and psychosocial care of pregnant women in order to prevent mother-to-child transmission and care for children, adolescents and adults living with HIV.

Our Government will continue to make efforts to combat this epidemic, in which factors such as education and solidarity are vital to continuing to make progress in measures and policies that will enable us to win the fight against HIV/AIDS.

Mr. Gebreel (Libyan Arab Jamahiriya) (*spoke in Arabic*): I would like to align my statement with the

statement made by the representative of Swaziland on behalf of the African Group.

AIDS has been given great international attention, but this interest should be translated into practical steps to implement what has been agreed in international conferences and decisions on this subject, the most important of which is Millennium Development Goal 6 and resolution 60/262.

There has been some progress in combating this disease, and statistics show a relatively low rate of infection. The number of people infected continues to rise, however, as noted in paragraph 26 of the Secretary-General's report, especially in poor countries and most particularly in the African continent. The rate of the spread of the disease in the African continent is increasing as a result of the current financial crisis.

International donors must therefore redouble their efforts to combat HIV/AIDS and increase annual funding in order to increase the level of resources dedicated to combating this disease, to enable poor and low-income countries to face this challenge and to establish research centres in these countries and funding for international research centres aimed at disseminating preventive measures and inexpensive drugs to combat this disease.

Efforts to deal with this disease must be carried out on two parallel tracks. First, we must concentrate on prevention by supporting national strategies, awareness campaigns and the participation of international organizations. Secondly, we must focus on providing the necessary care and treatment for those infected.

In this connection, we must mention the issue of the human rights of those infected by this disease. This includes providing health care and compassion for them and not isolating them, except in cases that constitute a danger for others in society. The fear of this disease should not be turned against those who are infected with it. The infected have rights as well as certain responsibilities vis-à-vis themselves and their societies, and we have to educate them about these duties and responsibilities. They must receive information from specialists on why the disease is infectious, how people are infected and how it is transmitted, and they must inform all of those who deal with them, such as spouses, that they also could be infected.

Finally, we must be very cautious in laying out the terms of our non-discrimination policies, and not confuse that with the preventive measures that have to be taken by countries to prevent the spread of this disease. We must also take into account the social, cultural and religious particularities of different societies in order to prevent the disease from spreading in these societies.

Mr. Al Oyaidi (Saudi Arabia) (*spoke in Arabic*): I would like to express our gratitude for the holding of this important meeting to discuss the report of the Secretary-General concerning the progress in the implementation of the Declaration of Commitment of 2001 on HIV/AIDS and the Political Declaration on HIV/AIDS of 2006.

The Kingdom has had a national programme to combat AIDS since 1986, including a comprehensive plan to prevent the spread of this disease among citizens and residents of the Kingdom. My country has also provided support and all necessary requirements for this programme, such as providing laboratories with the necessary resources for diagnosing the HIV virus. We have also provided support for the continuation of a health survey, so that the programme can carry out its responsibilities in preventing the spread of this disease in the Kingdom.

The Kingdom of Saudi Arabia has set up a national approach to the issue through the funding of various programmes. In this context, we have supported efforts to prevent AIDS and have contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria, increasing our contribution from the Saudi resource fund from $10 million to $18 million between 2008 to 2010.

My country believes that, in order to promote prevention and this programme, we must work efficiently to develop national capacities in developing and low-income countries in order to support their national programmes for the prevention of this disease.

The Acting President: In accordance with resolution 57/32 of 19 November 2002, I now call on the observer of the Inter-Parliamentary Union.

Ms. Pradhan Malla (Inter-Parliamentary Union): I speak on behalf of the Inter-Parliamentary Union (IPU). Let me begin by saying that one of our principal aims as parliamentarians is to push for more forthright parliamentary leadership in dealing with the epidemic.

How is this to be done? Often, for us in parliament, it means taking a courageous stand before an electorate that may have mixed views on ways to tackle the virus and its allied complexities. As leading spokespersons in our societies, we parliamentarians have to stand up and speak out for groups that are most disadvantaged as a result of prejudice, discrimination and ignorance. We have to broadcast a message of tolerance and understanding, using the force of example at home in our own constituencies.

We are all aware that people living with HIV have rights that need protecting. In that connection, we are concerned by the increasing tendency among legislatures to criminalize the transmission of the HIV virus in certain circumstances. In the IPU, we have made it clear that, before rushing to legislate, we should give careful consideration to the fact that enacting HIV-specific criminal legislation can further stigmatize people living with HIV. It can provide a disincentive to HIV testing, create a false sense of security among people who are HIV-negative and, rather than assisting women by protecting them against HIV infection, impose on them an additional burden and risk of violence or discrimination.

In addition, there is no evidence that criminal laws specific to HIV transmission will have any significant impact on the spread of HIV or on halting the epidemic. Priority must be given to increasing access to comprehensive and evidence-informed prevention methods in the fight against HIV/AIDS.

We also have to remedy the shortcomings in legislators' knowledge of other issues connected with HIV and AIDS. For example, if we want to work for universal access to antiretroviral therapy, we need to know and understand the problems connected with pricing, trade laws and distribution. We need to know why the drugs are not reaching the people who need them. And where this means legislating and amending old laws, we should be ready to do so. We want more information to be provided to parliaments on the multilateral intellectual property regime. Fuller knowledge of intellectual property rights can lead to lives being saved.

We are currently giving practical effect to this, working at the regional level. Earlier this year, the IPU joined with the National Assembly of South Africa in setting up a regional training seminar for members of parliament on drug accessibility and affordability. As the seminar revealed, the question is more intricate than the technicalities of the flexibilities of the trade-related aspects of intellectual property rights identified by the World Trade Organization, complex though they are. Even when drugs are affordable, there are difficulties relating to storage and distribution and, further down the line, in ensuring compliance with prescription regimes and making sure that the medicines are used for the proper purpose. Parliaments need to do more to study these issues, and we recommend that they set up cross-party committees as the central points in their institutions for that purpose. These committees should work closely with civil society and people living with HIV.

Another area where the IPU is taking action concerns HIV-related travel restrictions. After participating in the Joint United Nations Programme on HIV/AIDS task force on the subject, the IPU and its governing bodies have adopted its recommendations, opening the way for us to push for legislative reform to bring this discrimination to an end.

The IPU also works to mobilize parliamentary involvement in major international HIV and AIDS events. It gathered over 100 members of parliament and staff in a parliamentary briefing organized on the occasion of the 2008 International AIDS Conference in Mexico City, and it will be working in conjunction with the Austrian Parliament to ensure that legislators make their presence felt in Vienna next year. We welcome the increased political dimension of the international conferences.

At the risk of stating the obvious, let me say that the issue of HIV and AIDS is an eminently political question. In that respect, while welcoming the Secretary-General's report (A/63/812) under this agenda item, let me say that I fail to understand why, once again, it makes no reference whatsoever to the work done by parliaments.

The achievements in parliamentary activism on HIV and AIDS would not be possible without a true partnership, and the IPU is grateful to its United Nations partners for their engagement and support. The IPU is committed to maintaining the momentum and will do its best to help members of parliament create an enabling legal environment to respond to HIV and AIDS.

The Acting President: In accordance with resolution 47/4 of 16 October 1992, I now call on the

observer of the International Organization for Migration.

Ms. Strauss (International Organization for Migration): The International Organization for Migration (IOM) appreciates the opportunity to participate in today's debate and to share its views on issues related to the health of migrants and the global HIV response.

While progress has been made in many areas since the adoption of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, many challenges remain, including regarding the linkages between migration and derived health outcomes, on which I would like to focus my brief intervention.

At the outset, it is important to clarify that migration in and of itself does not equal increased HIV risk. The migration process can impact health outcomes negatively or positively. Migration is complex, and there are many different types of mobile populations.

The President took the Chair.

HIV prevention, care, treatment and support programmes must take into account the particular vulnerabilities of migrants and mobile populations at each stage of the migration process. Conditions surrounding that process can increase health vulnerabilities, particularly for those migrants who migrate involuntarily or clandestinely, or who fall into the hands of traffickers. Disparities between a migrant's place of origin and destination often exist, particularly with respect to health determinants. The conditions and circumstances that drive mobility — such as poverty, violence and inequalities — may also impact migrants' vulnerabilities to and risks of HIV infection, as well as their ability to access related services. Migrants may have limited access to HIV-related services because they do not have the right to access them or are unaware of them, or because existing services are not migrant-friendly.

More information is needed on HIV and mobile populations. Migration is complex because it is a process, not a single event, and because it may include internal and international migrants alike. Depending on the policies of States, documented migrants may be categorized in a variety of different ways. Those migrants who lack documents, enter in a clandestine manner or change migration status while they are in the country are often not included in official statistics. Efforts to assist health systems to better capture data on the health of migrants and their use of services in a rights-based manner are urgently needed.

HIV and population mobility responses require multisectoral cooperation within and among countries. Within countries, it is crucial to have an open and constructive multisectoral dialogue based on shared and fundamental societal values and principles, such as solidarity, integration, human rights and participation, as well as sound public health principles. Beyond national borders, it is equally important to ensure multisectoral regional consultative processes, bringing together migration, health and labour sectors.

Let me conclude by saying that IOM looks forward to continuing to work with Member States, the Joint United Nations Programme on HIV/AIDS and many other partners on issues related to HIV and migration, and more broadly on migration and health issues for the well-being of migrants and host communities alike. Addressing the HIV prevention and care needs of migrants improves migrants' health, avoids long-term health and social costs, protects global public health, facilitates integration, and ultimately contributes to the stabilization of societies and their social and economic development.

The President: We have heard the last speaker in the debate on this item. I would like to inform members that action on draft decision A/63/L.73 is deferred to a later date.

The Assembly has thus concluded the present stage of its consideration of agenda item 41.

Agenda items 7 and 101 (*continued*)

Organization of work, adoption of the agenda and allocation of items

Report of the Secretary-General on the Peacebuilding Fund

Draft resolution (A/63/L.72)

The President: Members will recall that the General Assembly concluded its consideration of agenda item 101 at its 25th plenary meeting, on 13 October 2008. In order to enable the General Assembly to consider draft resolution A/63/L.72, it will be necessary to reopen consideration of agenda item 101. May I take it that it is the wish of the General Assembly to reopen consideration of agenda item 101?

It was so decided.

The President: May I further take it that the Assembly agrees to proceed immediately to the consideration of agenda item 101?

I see no objection. We shall now proceed accordingly.

In connection with this item, the General Assembly has before it a draft resolution issued as document A/63/L.72.

I give the floor to the representative of India to introduce draft resolution A/63/L.72.

Mr. Puri (India): I have the honour, on behalf of the facilitators, Sweden and India, and the other sponsors, to introduce a draft resolution on the Peacebuilding Fund, as contained in document A/63/L.72.

Since the draft resolution was submitted, the following countries have become sponsors: Belgium, Benin, Brazil, the Czech Republic, Egypt, France, Germany, Ireland, Israel, Italy, Jamaica, the Netherlands, Peru, Poland, Portugal, the Republic of Korea, Slovakia, Spain and the United Kingdom of Great Britain and Northern Ireland.

The draft resolution before the Assembly is the outcome of a long process that began with an informal effort to identify the essence of the views of interested Member States on the operation of the Peacebuilding Fund and its relationship with the Peacebuilding Commission. Those discussions built upon a mandated assessment of the Fund through an independent evaluation, the response of the management to that evaluation and a useful assessment of the Fund by the Advisory Group of the United Nations Peacebuilding Support Office.

The views expressed by Member States on that basis were then distilled into a non-paper, which was to serve as an input for the draft report of the Secretary-General on the Peacebuilding Fund and its terms of reference. The subsequent report of the Secretary-General (A/63/818) then put forward a revised set of terms of reference for the operation of the Peacebuilding Fund. That became the point of departure for the draft resolution that we are to adopt today.

Since we have worked with the Secretariat not only to revise the terms of reference for the Peacebuilding Fund, but also to bring those revised items to the implementation stage on the basis of the informal consultations, it is only fitting that I extend, on behalf of Sweden and India, our sincere appreciation to all delegations for the constructive spirit in which the consultations took place.

The purpose of that entire exercise was to ensure that the revision of the terms of reference for the Peacebuilding Fund would help improve the efficiency and effectiveness of the Fund. The intention is that the Fund should be able to expeditiously provide short-term emergency funding to create quick wins in the early stage of peace consolidation. Equally, it should be able to provide catalytic funding to help address the causes of conflict over the medium term.

The revised terms of reference, along with continuing efforts to improve the management structures of the Fund, will contribute towards that end. The spirit of the revised terms of reference is as important as the text. It is important, therefore, to recall that the revision of the terms of reference was guided by two broad objectives.

The first was to enhance the Fund's capacity to serve as a flexible, responsive and focused resource for peacebuilding support, including through rationalizing and simplifying its structure and architecture.

The second objective was to enhance and maximize the synergy between the Peacebuilding Commission and the Fund through provisions for enhanced transparency and consultation. The relationship with the Peacebuilding Commission and all donors needs to be managed creatively, so as to utilize the synergies in the existing peacebuilding strategies.

The terms of reference would be implemented through updated policies and guidelines that would address management and administrative issues. The United Nations Peacebuilding Support Office should develop those guidelines in a guidance document in close cooperation with the United Nations Development Programme as the Fund's administrative agent, as well as with other relevant United Nations organizations and the Advisory Group. Management processes should be transparent to ensure continued support from Member States and other stakeholders.

The Secretary-General will submit an annual report to the General Assembly on the operation and

activities of the Fund. At the sixty-sixth session, that report will include the findings and recommendations of the next comprehensive independent evaluation.

Similarly, the United Nations Peacebuilding Support Office will also organize regular briefings on the Fund's performance with Member States. An annual meeting is aimed at providing all stakeholders with the opportunity for a thorough review of the Fund's performance, results and emerging lessons. The annual event will also provide an opportunity to regularly replenish the Fund. We look forward to such regular interactions as a means to ensure transparency and the participation of Member States in the peacebuilding process.

On behalf of the facilitators and the sponsors, I sincerely hope that the procedural draft resolution, contained in document A/63/L.72, can be adopted by consensus. We are grateful for the support of all delegations in that regard.

The President: The Assembly will now take action on draft resolution A/63/L.72, entitled "The Peacebuilding Fund". May I take it that the Assembly decides to adopt draft resolution A/63/L.72?

Draft resolution A/63/L.72 was adopted (resolution 63/282).

The President: May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 101?

It was so decided.

The meeting rose at 11.35 a.m.